Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 01 B. WING TN1301 11/17/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1850 OLD KNOXVILLE ROAD CLAIBORNE COUNTY NURSING HOME TAZEWELL, TN 37879 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) N 832 1200-8-6-.08 (2) Building Standards N 832 N 832 1200-8-6-,08(2) **Building Standards** (2) After the applicant has submitted an application and licensure fees, the applicant must submit the building construction plans to the Corrective Action Taken: The department. All new facilities shall conform to the identified corridor handrails by 2006 edition of the International Building Code, rooms 109, 124, and 124 were except for Chapter 11 pertaining to accessibility tightened securely 11/19/2013 by and except for Chapter 27 pertaining to electrical maintenance personnel. requirements; the 2006 edition of the International Mechanical Code; the 2006 edition of the International Plumbing Code; the 2006 How to identify similar issues: edition of the International Fuel and Gas Code; 100% of all corridor handrails the 2006 edition of the National Fire Protection were checked by maintenance Code (NFPA) NFPA 1 including Annex A which incorporates the 2006 edition of the Life Safety personnel 11/19/2013. All Code; the 2010 Guidelines for Design and "loose" handrails were tightened Construction of Health Care Facilities: the 2005 immediately. edition of the National Electrical Code; and the 2005 edition of the U.S. Public Health Service Measures put in place: Biannual Food Code as adopted by the Board for Licensing Health Care Facilities. The requirements of the building inspections have been 2004 Americans with Disabilities Act (A.D.A.), and revised to include, "All railings, the 1999 edition of North Carolina Handicap corridor and bathroom, are Accessibility Codes with 2004 amendments apply attached properly and secure." to all new facilities and to all existing facilities that Maintenance personnel will are enlarged or substantially altered or repaired after July 1, 2006. When referring to height, area complete checklist and any or construction type, the International Building railings not secure will have a Code shall prevail. Where there are conflicts work order for repair completed between requirements in local codes, the above and repair should be completed listed codes and regulations and provisions of within 24 hours. this chapter, the most stringent requirements shall apply. Monitoring: Completed inspection checklist will be submitted to the Facility/Safety Manager. The Facility/Safety This Rule is not met as evidenced by: Based on observation and interview, it was Division of Health Care Facilities LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator

STATE FORM

Division of Health Care Facilities STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 01 B. WING TN1301 11/17/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1850 OLD KNOXVILLE ROAD CLAIBORNE COUNTY NURSING HOME TAZEWELL, TN 37879 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) N 832 Continued From page 1 N 832 determined handralls provided in the corridor Manager will compute the rate of compliance using this formula: # of were firmly attached in accordance witht the handicap accessibility standards. loose handrails repaired within 24 The findings include: hours / Total # of loose handrails Observation and interview with the Maintenance identified = rate of compliance. Director on November 17, 2013 at 10:50 a.m. Compliance is expected to be 100%. confirmed the corridor handrails by rooms 109. Completion of repair is expected to 124, and 122 were loose. be within 24 hours. This finding was verified by the Maintenance Supervisor and acknowledged by the Risk Responsible Person: Facility/Safety Manager during the exit conference on November 17, 2013, Manager COMPLETION DATE: 12/15/2013 12/15/13 N 848 1200-8-6-.08 (18) Building Standards N 848 (18) It shall be demonstrated through the N848 1200-8-6-.08 (18) submission of plans and specifications that in **Building Standards** each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet Corrective Actions Taken: The room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure HVAC technician opened the shall be maintained in all clean areas including, vent, secured the opening and but not limited to, clean linen rooms and clean confirmed that the fan on FAU utility rooms. was on constant fan so that positive pressure was achieved in the identified 2nd floor clean This Rule is not met as evidenced by: linen room on 11/18/2013. Based on observation and interview, it was determined clean linen storage areas were How to identify similar issues: maintained under a relative positive air pressure. 100% clean linen storage areas The findings include: checked by maintenance Observation of the 2nd floor clean linen room on November 17, 2013 at 12:30 p.m. confirmed the personnel for positive air room was at a negative pressure. This finding was verified by the Maintenance Supervisor and acknowledged by the Risk Manager during the exit conference on November 17, 2013.

Division of Health Care Facilities

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			N848 Continued								
			pressure. This inspection was completed 11/20/2013.	3	;						
			will be compiled listing all positive and negative pressure rooms. (2) The bi-annual inspection form has been revito include that positive and negative rooms are functioning.	sed g							
			the report to the Facility/Safe Manager.	ty							
			(4) A repair work order will be entered within 24 hours of inspection completion.	e							
			submitted to the Facility/Safe Manager who will compute ra of compliance. The rate of compliance will be calculated using this formula; # of corre functioning positive and negative	ty ate by ectly tive							
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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: TN1301 A. BUILDING: 01 - MAIN BUILDING 01 B. WING TN1301 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TAZEWELL, TN 37879 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N848 Continued PREFIX TAG N848 Continued PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OFFICIENCY) N848 Continued PROSITIVE ACTION SHOULD BE COMPLETED OF C	Division	of Health Care Fac				FORM	APPROVE	
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